24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 1 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼
Planned Parenthood votes	C C00489799
	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report Amends report filed	on
Full Name of Payee Planned Parenthood Action Fund	Date of Public Distribution/Dissemination
Mailing Address 434 West 33rd Street	07 02 2014
Haming Flations 434 West 3310 Street	Amount
City State Zip Code	135.00
New York NY 10001	Transaction ID : B508860 Date of Disbursement or Obligation
Purpose of Expenditure List rental Category/ Type 004	07 02 / Y 2014
	e Sought: House District:
Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 208707.38 Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee Planned Parenthood Action Fund	Date of Public Distribution/Dissemination
Mailing Address	07 10 7 2014
Walling Address 434 West 33rd Street	Amount
City State Zip Code	388.66
New York NY 10001	Transaction ID : B508864 Date of Disbursement or Obligation
Purpose of Expenditure List rental Category/ Type 004	07 10 / 2014
Vov. Henry	e Sought: House District:
Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 208707.38	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	523.66
(a) SUBTUTAL OF REHILZER HIREPERRENT Experiorations	523.66
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Aaron Samulcek [Electronically Filed] Date	01 2014
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	medule L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
ы	anned Parenthood Votes	C C00489799
Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Planned Parenthood Action Fund	07 24 2014
١	Mailing Address 434 West 33rd Street	Amount
╁	City State Zip Code	1200.00
١	New York NY 10001	Transaction ID : B508867 Date of Disbursement or Obligation
Ī	Purpose of Expenditure Predictive dialer minutes for phone banks Category/ Type 004	07 24 2014
ı	Name of Federal Candidate Support Office	Sought: House District:
ı	Kay Hagan	President State: NC
١	Calendar Year-To-Date Per Election for Office Sought Disbut 208707.38 Disbut 2014	rsement For: Primary General
ŀ	E III News of Power	Other (specify)
١	Full Name of Payee Planned Parenthood Action Fund	Date of Public Distribution/Dissemination 07 30 2014
ľ	Mailing Address 434 West 33rd Street	Amount 2014
ŀ	City State Zip Code	8.74
١	New York NY 10001	Transaction ID : B508868 Date of Disbursement or Obligation
	Purpose of Expenditure List rental Category/ Type 004	07 30 2014
ľ	Name of Federal Candidate Support Office	Sought: House District:
		President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbu 208707.38	rsement For:
(a) SUBTOTAL of Itemized Independent Expenditures	1208.74
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Aaron Samulcek [Electronically Filed] Date 08	
	Signature	

PAGE 2

OF

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Schedule E)	IVI EXI END	ITONES		PAGE 3 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Planned Parenthood Votes			C	C00489799
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Planned Parenthood Action Fund			M = N	
Mailing Address 434 West 33rd Street			Amount	30 2014
City	State	Zip Code		131.10
New York	NY	10001		ion ID : B508870 Disbursement or Obligation
Purpose of Expenditure Postage		Category/ Type 004	07	
Name of Federal Candidate		Support	Office Sought:	House District:
Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	208707.38	Disbursement For 2014 Other	or:
Full Name of Payee Community Outreach Group LLC				Public Distribution/Dissemination
Mailing Address 1110 Vermont Ave N.W.			M 08	
11.0 10			Amount	
City	State	Zip Code		13493.26
Washington	DC	20005		on ID: B508872 Disbursement or Obligation
Purpose of Expenditure Volunteer recruitment phone banks		Category/ Type 004	08	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:
Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	208707.38	Disbursement For 2014 Othe	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			13624.36
(b) SUBTOTAL of Unitemized Independent Expen-	ditures			
				7 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Aaron Samulcek	[Electron	ically Filed] Date		01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	NI EXI END	TOTILO		PAGE 4 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes				C C00489799
Check if 24-hour report X 48-hour report	New rep	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Community Outreach Group LLC			M	08
Mailing Address 1110 Vermont Ave N.W.			Amou	nt
City	State	Zip Code	$-\Gamma$	13493.26
Washington	DC	20005		action ID : B508873 of Disbursement or Obligation
Purpose of Expenditure Persuasion phone banks		Category/ Type 004		08 01 2014
Name of Federal Candidate		Support	Office Sough	t: House District:
Kay Hagan		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , ,	208707.38	Disbursement 2014 Or	t For: Primary ⊠ General
Full Name of Payee			Date of	of Public Distribution/Dissemination
Community Outreach Group LLC			M	08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1110 Vermont Ave N.W.			Amou	nt
City	State	Zip Code		8995.51
Washington	DC	20005		ction ID: B508874 f Disbursement or Obligation
Purpose of Expenditure Persuasion canvasses		Category/ Type 004	M	08 01 2014
Name of Federal Candidate		X Support	Office Sough	t: House District:
Kay Hagan		Oppose	Preside	ent State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 7	208707.38	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			22488.77
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	7 7
(c) TOTAL Independent Expenditures			•	71171171
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorized			
Aaron Samulcek Signature	[Electron	ically Filed] Date	08	01 2014
olynature				

Schedule E)	PAGE 5 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes	C C00489799
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y
Community Outreach Group LLC	f Public Distribution/Dissemination
Mailing Address 1110 Vermont Ave N.W. Amount	08 01 2014 ut
City State Zip Code	8995.50
Washington DC 20005 Transa	action ID : B508875 f Disbursement or Obligation
Purpose of Expenditure Category/	08 01 2014
Name of Federal Candidate Support Office Sought:	: House District:
Kay Hagan Oppose Presider	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Oth	For: Primary X General her (specify) ▶
Planned Parenthood Health Systems Action Fund	of Public Distribution/Dissemination
Mailing Address 100 South Boylan Ave. Amoun	
City State Zip Code	3975.00
Date of	ction ID : B508876 If Disbursement or Obligation
	08 / 01 / 2014
Name of Federal Candidate Support Office Sought	: House District:
Kay Hagan Oppose Presider	nt X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Ott	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	12970.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cowith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Aaron Samulcek [Electronically Filed] Date Signature	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	.NDENT EXPENDI	TOTILS		PAGE 6 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Planned Parenthood Votes			C	C00489799
Check if 24-hour report X 48-hour re	eport New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Planned Parenthood Health	Systems Action Fu	und	M = M	ic Distribution/Dissemination
Mailing Address 100 South Boylan Ave.			08 Amount	01 2014
City	State NC	Zip Code	Transaction	3975.00
Raleigh		27603		ID: B508877 oursement or Obligation
Purpose of Expenditure Persuasion phone banks		Category/ Type 004	08	01 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District:
Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, 2	08707.38	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
Planned Parenthood Health Sy	'stems Action Fund		08	01 2014
Mailing Address 100 South Boylan Ave.			Amount	
City	State	Zip Code		2650.00
Raleigh	NC	27603	Transaction I Date of Disb	D: B508878 pursement or Obligation
Purpose of Expenditure Persuasion canvasses		Category/ Type 004	08	01 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District:
Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		208707.38	Disbursement For: 2014 Other (s	Primary
•				
(a) SUBTOTAL of Itemized Independent E	kpenditures		•	6625.00
(b) SUBTOTAL of Unitemized Independent	Expenditures		>	7
(c) TOTAL Independent Expenditures)	7
Under penalty of perjury I certify that the with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authorized			
Aaron Samulcek	[Electron	ically Filed] Date	08 / 01	2014
Signature				

Schedule E)	INT EXTEND	HONES		PAGE 7 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Planned Parenthood Votes			C	C00489799
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Planned Parenthood Health Syst	ems Action F	und	M = M	lic Distribution/Dissemination
Mailing Address 100 South Boylan Ave.			Amount	01 2014
City	State	Zip Code		2650.00
Raleigh	NC	27603		ID: B508879 oursement or Obligation
Purpose of Expenditure Events		Category/ Type 004	M M M	01 2014
Name of Federal Candidate		Support	Office Sought:	House District:
Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		208707.38	Disbursement For: 2014 Other (s	Primary ⊠ General
Full Name of Payee The Pivot Group			M = M	lic Distribution/Dissemination
Mailing Address 1701 I Street NW Ste 550			08 Amount	02 2014
City	State	Zip Code		1385.00
Washington	DC	20005	Transaction Date of Disk	
Purpose of Expenditure Printing of canvass lit		Category/ Type 004	M 08	02 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District:
Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		208707.38	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expend	tures		·	4035.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· ·	
(c) TOTAL Independent Expenditures			·	4
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Aaron Samulcek Signature	[Electron	nically Filed] Date	08 / 01	2014

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes	C C00489799
Check if 24-hour report X 48-hour report X New report Amends report filed	On M = M / D = D / Y = Y = Y
Full Name of Payee Planned Parenthood Action Fund	Date of Public Distribution/Dissemination
Mailing Address 434 West 33rd Street	07 02 2014 Amount
City State Zip Code	135.00
New York NY 10001	Transaction ID : B508861 Date of Disbursement or Obligation
Purpose of Expenditure List rental Category/ Type 004	07 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Sought: House District:
Thom Tillis Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary X General Other (specify) ▶
Full Name of Payee Community Outreach Group LLC	Date of Public Distribution/Dissemination
Mailing Address	07 10 2014
Mailing Address 1110 Vermont Ave N.W.	Amount
City State Zip Code	284.66
Tradinington	Transaction ID : B508862 Date of Disbursement or Obligation
Purpose of Expenditure Printing of signs and banners Category/ Type 004	07 10 Y Y Y Y Y Y Y
	Sought: House District:
Thom Tillis Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbu 208707.38	rsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	419.66
(h) CUDTOTAL (Clisters) and hadron 1 of 5	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	1 7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Aaron Samulcek [Electronically Filed] Date 08	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	PAGE 9 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes	C C00489799
Check if 24-hour report X 48-hour report New report Amends report filed of	on M = M / D = D / Y = Y = Y
Full Name of Payee Planned Parenthood Action Fund	Date of Public Distribution/Dissemination
Mailing Address 434 W 33rd Street	07 10 2014 Amount
City State Zip Code New York NY 10001	230.13 Transaction ID : B508863
Purpose of Expenditure Pental of sound and staging equipment for rally Category/	Date of Disbursement or Obligation
Name of Fodoral Candidate	07 10 2014 Sought: House District:
Thom Tillio	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disburs 208707.38 Disburs 2014	sement For:
Full Name of Payee Planned Parenthood Action Fund	Date of Public Distribution/Dissemination 07
Mailing Address 434 West 33rd Street	Amount
City State Zip Code New York NY 10001	388.67
Purpose of Expenditure List rental Category/ Type 004	Date of Disbursement or Obligation 07 10 2014
Name of Fodoral Condidate	Sought: House District:
Thom Tillis Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbur 208707.38	rsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	618.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Aaron Samulcek [Electronically Filed] Date Signature	

Schedule E)	LXI END	TOTILO		PAGE 10 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes				C C00489799
Check if 24-hour report X 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee Planned Parenthood Action Fund				of Public Distribution/Dissemination
Mailing Address 434 West 33rd Street			Amour	07 23 2014 nt
City	State	Zip Code		333.73
New York	NY	10001		action ID : B508866 of Disbursement or Obligation
Purpose of Expenditure List rental		Category/ Type 004	M	07 23 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:
Thom Tillis		X Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		08707.38	Disbursement 2014 Of	t For:
Full Name of Payee Planned Parenthood Action Fund				of Public Distribution/Dissemination
Mailing Address 434 West 33rd Street			Amou	07 30 2014
City	State	Zip Code		8.74
New York	NY	10001		ction ID : B508869 of Disbursement or Obligation
Purpose of Expenditure List rental		Category/ Type 004		07 30 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District:
Thom Tillis		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , ,	208707.38	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditure:	3			342.47
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres			
				4 4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Aaron Samulcek	[Electron	ically Filed] Date	08	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	TOTILS	PAGE 11 OF 12 FOR SE OF FORM 24/48		
AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
Planned Parenthood Votes		C C00489799		
check if 24-hour report X 48-hour report New report	ort Amends report	filed on Mam / Dab / Yayayay		
Full Name of Payee		Date of Public Distribution/Dissemination		
Planned Parenthood Action Fund		07 30 2014		
Mailing Address 434 West 33rd Street		Amount		
City State	Zip Code	131.10		
New York NY	10001	Transaction ID : B508871 Date of Disbursement or Obligation		
Purpose of Expenditure Postage	Category/ Type 004	07 30 / 2014		
Name of Federal Candidate	Support	Office Sought: House District:		
Thom Tillis	X Oppose	President State: NC		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General Other (specify) ►		
Full Name of Payee		Date of Public Distribution/Dissemination		
Planned Parenthood Action Fund		07 30 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 434 West 33rd Street		Amount		
City State	Zip Code	177.76		
New York NY	10001	Transaction ID : B508901 Date of Disbursement or Obligation		
Purpose of Expenditure List rental	Category/ Type 004	07 / 30 / Y Y Y Y Y		
Name of Federal Candidate	Support	Office Sought: House District:		
Thom Tillis	Oppose	President Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2014 Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures		308.86		
(a) SOBTOTAL OF REHIZED INDEPENDENT EXPENDITURES		300.00		
(b) SUBTOTAL of Unitemized Independent Expenditures		>		
(c) TOTAL Independent Expenditures		·		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Aaron Samulcek [Electroni	ically Filed] Date	08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Oignature				

Schedule E)	PAGE 12 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes	C C00489799
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date The Pivot Group	e of Public Distribution/Dissemination
Mailing Address 1701 I Street NW Ste 550	08 02 7 2014
Ame	ount
City State Zip Code	1385.00
Date	nsaction ID : B508881 e of Disbursement or Obligation
Purpose of Expenditure Printing of canvass lit Category/ Type 004	08
Name of Federal Candidate Support Office Sou	ght: House District:
Thom Tillis Oppose Pres	sident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary
Full Name of Payee Dat	te of Public Distribution/Dissemination
Mailing Address	
	nount
City State Zip Code	
	te of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office Sou	ught: House District:
Oppose Pres	sident Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbursem	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	1385.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	64550.82
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Aaron Samulcek [Electronically Filed] Date	01 2014
Signature	